

QAPP Worksheet #1: Title and Approval Page

Title: Site-Specific UFP Quality Assurance Project Plan

Site Name/Project Name: Niagara Town Garage Site

Site Location: Niagara, Niagara County, New York

Revision Number: 00

Revision Date: Not Applicable

Weston Solutions, Inc.

Lead Organization

Karla Guerrero

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Preparer's Name and Organizational Affiliation

24 August 2015

Preparation Date (Day/Month/Year)

Site Project Manager:



For Signature

Peter Lisichenko/Weston Solutions, Inc.

Printed Name/Organization/Date

QA Officer/Technical Reviewer:



For Signature

Smita Sumbaly/Weston Solutions, Inc.

Printed Name/Organization/Date

EPA, Region II On-Scene Coordinator (OSC):



Signature

Keith Glenn/EPA, Region II

Printed Name/Organization/Date

EPA, Region II Quality Assurance Officer (QAO):

Signature

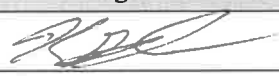
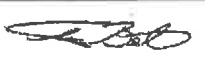
Printed Name/Organization/Date

Document Control Number: RST3-02-D-0057


QAPP Worksheet #4: Project Personnel Sign-Off Sheet

[Copies of this form signed by key project personnel from each organization to indicate that they have read the applicable sections of the QAPP and will perform the tasks as described; add additional sheets as required. Ask each organization to forward signed sheets to the central project file.]

Organization: Weston Solutions, Inc.

Project Personnel	Title	Telephone Number	Signature	Date QAPP Read
Keith Glenn	EPA, Region II, On-Scene Coordinator	(732) 321-4454		8/25/15
Smita Sumbaly	QAO, RST 3	(732) 585-4410		
Timothy Benton	HSO, RST 3	(732) 585-4425		8/24/2015
Peter Lisichenko	RST 3 Field Personnel	(603) 512-4350		

The signatures below indicate that the individuals have read and understood this Health and Safety Plan.

PRINTED NAME	SIGNATURE	AFFILIATION	DATE
R. Glenn		EPA	08/25/15

Post-Response Approval

Final Submission of HASP by:		Date:
Post Response Approval by:		Date:
RST 3 HSO Review by:		Date: